

I, John Lohmeyer, am a former National Football League player. I played for the Kansas City Chiefs my entire career during the years 1973 through 1977. I am not represented by an attorney.

During that time, I believe I incurred numerous concussions that went undiagnosed by the team's medical doctor(s) and staff. At 63 years of age, I may be suffering from concussion related symptoms due to my playing/practice injuries in the NFL.

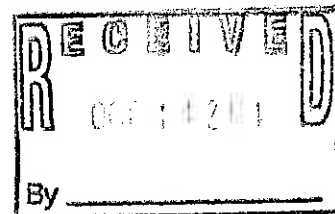
I have previously forwarded to the Court a Notice of Intention to Opt Out of the National Football League players' concussion lawsuit settlement process. I felt that placing a ceiling on the amount of the settlement would seriously disadvantage those players that are ultimately medically diagnosed with concussion related illnesses. Now after learning this previous settlement ceiling amount was removed, I favor the Court's new settlement.

Effective this date, October 10, 2014, I am hereby withdrawing, revoking and rescinding my Notice of Intention to Opt Out of the aforementioned settlement and putting the parties on notice that I wish to opt in to the settlement and avail myself of all the benefits available to me pursuant to the settlement. I execute this document freely and voluntarily.

My address is 7830 SW Urish Road, Auburn Kansas 66402. My personal cell number is 785-820-0205, business cell phone number is 620-757-0186, and my email address is john.c.lohmeyer@gmail.com.

Oct 10. 2014
DATE

John Lohmeyer
JOHN LOHMEYER



Leanne 2
7830 S. W. Wirth Road
Auburn, KS 66402

Clerk of District Court / NFL Concussion Settlement
US District Court for Eastern District of Pennsylvania
United States Court House
601 Market Street
Philadelphia PA. 19106-1797

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

PRIORITY MAIL

U.S. MAIL

100 /

\$19.99
000680-43-05

SE



EK369349261US

UNITED STATES POSTAL SERVICE
PRIORITY MAIL EXPRESS

FROM: (PLEASE PRINT)

PHONE: 408-620-0205

John Compton
7500 S.W. 10th Ave
Miami, FL 33143

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☒ **SIGNATURE REQUIRED** Note: The addressee must check the signature required box if the mailer: 1) requires the addressee's signature, OR 2) purchases additional insurance, OR 3) purchases COD service, OR 4) purchases Return Receipt service. If checked, the Postal Service will leave the item in the addressee's possession or other secure location without attempting to obtain the addressee's signature on delivery.

☐ **No Saturday Delivery** (delivered next business day)
☐ **Sunday/Holiday Delivery** (additional fee, where available)
☐ **10:30 AM Delivery** (additional fee, where available)
Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE:

John Compton
7500 S.W. 10th Ave
Miami, FL 33143
408-620-0205

ZIP + 4® (U.S. ADDRESSES ONLY)

DELIVERY (POSTAL SERVICE USE ONLY)

☐ 1-Day

☐ 2-Day

☐ Military

☐ DPO

PO ZIP Code

Scheduled Delivery Date (MM/DD/YY)

Postage

Date Accepted (MM/DD/YY)

Scheduled Delivery Time (MM/DD/YY)

Insurance Fee

COD Fee

Time Accepted

☐ AM ☐ PM

10:30 AM Delivery Fee

Return Receipt Fee

Live Arrival Transportation Fee

Weight

☒ Retail Rate

Sunday/Holiday Premium Fee

Total Postage & Fees

bs.

☐ Final Rate

Postage Employee Initials

\$

DELIVERY (POSTAL SERVICE USE ONLY)

Time

Employee Signature

Delivery Attempt (MM/DD/YY) Time

☐ AM ☐ PM

Employee Signature

LABEL 11-B, JANUARY

PSN 7690-02-000-9996

3-ADDRESSEE COPY

EK369349261US

UNITED STATES